



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine 04333

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name			Office:	air.
RICHARD ROSEN			☐ House	☑ Senate
Mailing address			District	mendi ehumilimus kusunud emenemus omum mesenuum memedi hahuul tilut
TO BOX 811			in the state of th	
City, zip code		and, annual consens for in India a crisis had as season and an annual consensus for instance of the Administration of the Administra	Phone	SELEVISIONE AND REPORT OF THE SELECTION OF THE SERVICE AND RESIDENCE AND REPORT OF THE SERVICE AND RESIDENCE A
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PART 1. INCOM	E DERIVEI	FROM EMPLOYMENT BY ANOT	HER	
List the name and address of each employer from economic activity of each employer.	m whom you	u received compensation of \$1,000 or a	more. Specify the	principal type of
Name of Employer	angularan Asabad, at katalalan katalaga tirja Mahadiya a asa	Address	Principal Type Activity of	
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State of Maine	Auc	te House		~ <b>~</b> ~ (3
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	KS 6 KO O O KI BESKI V LEST SAKERINGS (	IVED FROM SELF-EMPLOYMENT s who are self-employed.)		
A. List the name and address of your business, associated with a partnership, firm, professional and address of your business.	if any, and li	st the major areas of economic activity		
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Name and Address of Business Entity		Major Areas of Economic Activity (self)		ivity ociation or similar
		(65.7)		ss entity)
Name: Rosens	A A			
Address: 22 Main ST Bucksport		ReTail		
Name:				
Address:	A		- Comment of the Comm	
			5	

DART 2 (postinged) INCOME REPOVED EE	OF CELL ENDI OVERENT	
PART 2 (continued). INCOME DERIVED FR (For Legislators who are self-en		
B. List each source of income derived from self-employment that represents magnetic greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	ore than 10% of your gross ind rson from whom you derived to s, specify only the principal type	such income. If this form of pe of economic activity of the
Name and Address of Source	Activi	rincipal Type of Economic ity of Entity or Person Who is he Source of the Income
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Name:	a Line spanje op op op	
Address:	,	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-a		
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your firm.	Company of the Compan
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		
Address:		700
Name:		
Address:	 	***************************************
PART 4. OTHER SOURCES C		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this to	form. Do not include gifts. If n	one, check the box.
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Name and Address of Source		Kind of Income expession (Newscott)
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Address: ARMONK, N. M.		chients.
Name:	A symmetry of the symmetry of	(COMPANY CONTROL CONTR
Address:	***************************************	
PART 5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yo areas of economic activity of each creditor. Do not list credit card liability or loans	u received during the reporting from a relative. If none, chec	ig period, and list the major k the box.
None	. Поветски вежни те типи повет в почини в почини вежни на пред на пред пред друго до до до до до до до до до д Поветски вежни поветски вежни ве	стания польной до во во постоящий от што и основного на настроительного, из году до догодо догодо догодо догод
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Address:		
Name:		ужбанны основного бы 24 быння 25 Монтератор по постоя в поставления по по поставления по
Address:	Action and sector	

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Inclunone, check the box.	ıde gifts with an aggregate v	alue of more	than \$300 from a single source. If
None	egennessyntytysynty perfinere principalementelle vannentelly erreenist ersterist ersterist ersterist ersterist	en e	<u>СССТИНИИ ЭТИНИ ТОРГИНИИ ТОРГ</u>
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PART 7. RE	PORTABLE HONORARI	A	
List the source of any honoraria accepted for appearances or	speeches related to your legi	islative respo	nsibilities. If none, check the box.
. □ None	меняння от принять в не принять на него на принять на принять на принять на принять на принять на принять на п Принять на принять на п	وه کودهٔ وی این در کارسوال کارهٔ کردهٔ این این کرده کرده کار در کار در کار در کارسور در در در در در در در در در	жүндө өмдү эрүү дойран өрүүнө да харуунун баруунун баруун өрүүнө жанаа кашения иштен ойын жана байын байын бай
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DADT & DEDDESENT	ATION BEFORE STATE	ACENCIES	
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box.		agaya, yanga parameter ayan ganaganga arabahan an et et anan et et	antigan kantina mana kalabah kan mana kan kalabah kan mana mah di Admatika Comeliti O
Mame of Agency		Name	of Agency
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	ESS WITH STATE AGEN		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods or	r services with a value in excess of
None	ANAMAGARI (Pipelli VA) AMBORIA Awalle Awaquan Iranaman u vanila Astrawar 1	- Send Subject (SASS SERVICE AND	PARTIES AND CONTROL TO THE CONTROL OF THE CONTROL O
Name of Agency		Name	Of Agency  Consideration of the construction o
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PART 10. INCOME RECEIVE			ABASENES TENESTES TENES TENESTES DE LO TENESTES EST
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	i of income represented. If y		
Of fillottic of filed filed and job data are filed.	Type of Economic Activity		
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Relationship	Kind of Income
Name: Kim berlen Rosen	1. Public scence	Cobogo o	1. Employment
Name: Am berley Rosen Job Title: State Representative	2. 3.	Domestic Partner	2. 3.
water in the contraction	- 3. . consideration and the contraction of the con	Desandant	3.
If the ended shill (not become more than \$1,000 of income		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
		Dependent Child	

any office, trustee	or nonprofit corporation, firm, association, eship, directorship, or position of any naturd. If a family member listed, indicate your	re. Indicate whether you	or a family held the p	position and whether	
☐ None			A second		
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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PART 11. OFFICER OR DIRECTOR POSITIONS